CLAIMS ONLY								Application Number Filing Date 10/063979 Applicant(s)						
								Applicant(s	s)					
								* May be u	sed for ad	ditional clain	ns or ame	ndments		·
CLAIMS			AFTEI AMEN	R FIRST IDMENT	AMEN	SECOND DMENT			*		•		*	
	Indep	Depend	Indep	Depend	Indep	Depend			Indep	Depend	Indep	Depend	Indep	Depend
1 1			/					51				ļ <u> </u>	ļ	
2		-/	ļ					52				 	 	
4						 		53 54				-		
1.5		 	 			 		55						
6-9	7	 	 			 	- 1	56						
1	1	<u> </u>					- 1	57		-				
8	1		/				ı	58						
9			/				ı	59						
10				,				60						
11				_/			ı	61						
12		ļ	ļ	· ·		L	ļ	62						
13 14		<u> </u>	 	1			ŀ	63 64				 		
15				├ -/			ŀ	65						
16				- 			ŀ	66						
17							ı	67						
18				,				68						
19							[69						
20				.1	,		ı	70						
21				/			ŀ	71						
22 23							ŀ	72 73				ļ		
24							H	74						
25							ŀ	75						
26							ı	76						
27								77						
28								78						
29							-	79						
30 31							ŀ	80						
32							ŀ	81 82						
33							ŀ	83						
34							t	84						
35							Ī	85	1					
36								86						
37							Į.	87						
38							-	88						
39 40							ŀ	89 90						
41						——	ŀ	91						
42						+	ŀ	92					 -	
43							h	93						
44							ı	94						
45								95						
46								96						
47							L	97						
48							F	98						
49 50							H	99						
Total	7/	-, - 	-, 	-,			H	100 Total						
Indep	4		31	1 1	1			Indep	ŀ] [ì	- I		
Total	4	」 ∣	144	」 ⊦		」 	Г	Total		J		_J ⊦	4	」
Depend			14				L	Depend	-	I			`	
Total	8		11					Total			T			
Claims	<u>"</u>		1 [i			\perp L	Claims						